

APR 02 2007

Application No. 09/993,917
Amendment in response to October 5, 2006 office action

IN THE U.S. PATENT AND TRADEMARK OFFICE

Application No.: 09/993,917	Confirmation No. 5473
Application of: M. STARK.	Group Art Unit: 2622
Filing Date: Nov 27, 2001	Examiner: A. DANIELS
Title: Programmable Resolution CMOS Image Sensor	Docket No. V038 1010.1 Customer No. 26158

AMENDMENT AND RESPONSECommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir or Madam:

Sir:

In response to the Office Action mailed October 5, 2006, please enter the following amendments and remarks:

Amendments to the specification begin on page 2 of this paper.

Amendments to the claims begin on page 3 of this paper.

Remarks begin on page 12 of this paper.

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WCSR Form(12-04)

Effective on 12/8/2004. Fees pursuant to the consolidated Appropriations Act, 2005 (H.R. 4818) FEE TRANSMITTAL for FY 2007		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/993,917
		Filing Date	November 27, 2001
		First Named Inventor	Moshe STARK
		Examiner Name	A. Daniels
		Group Art Unit	2622
TOTAL AMOUNT OF PAYMENT (\$) 100.00		New Attorney Docket No. V038 1010.1	
METHOD OF PAYMENT (check all that apply)			
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 09-0528 Deposit Account Name Womble Carlyle Sandridge & Rice The Commissioner is hereby authorized to: (check all that apply) <div style="text-align: right;"> P.O. Box 7037 Atlanta, GA 30357-0037 </div>			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments			
FEE CALCULATION			
OTHER FEE(S)			

EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																					
		Extra Claims																																			
Total Claims	48	- 44 **	= 2 x																																		
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<table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>				Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	360	2203	180	Multiple dependent claim, if not paid	1204	200	2204	100	** Reissue independent claims over original patent	1205	50	2205	25	** Reissue claims in excess of 20 and over original patent
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TOTAL)		(\$)		100.00																																	
** or number previously paid, if greater; For Reissues, see above																																					

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Nanda K. Alapati	Registration No. (Attorney/Agent)	39,893
Signature	<i>Nanda K. Alapati</i>	Telephone	703-394-2216
		Date	April 2, 2007

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